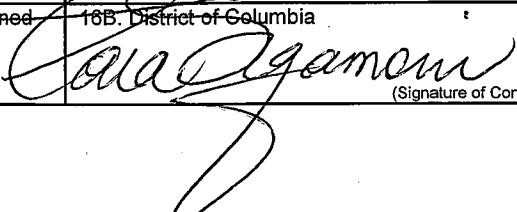


AMENDMENT OF SOLICITATION / MODIFICATION OF CONTRACT				1. HCA Solicitation Number		Page of Pages	
				CFSA-10-H-0016		1 6	
2. Amendment/Modification Number		3. Effective Date		4. Requisition/Purchase Request No.		5. Solicitation Caption	
CFSA-10-H-0016-A005		See Block 16C				Case Management and Family Based Foster Care Services	
6. Issued by:			Code	7. Administered by (If other than line 6)			
Child and Family Services Agency Contracts and Procurement Administration 955 L'Enfant Plaza, S.W., Suite 5200 Washington, DC 20024				Child and Family Services Agency Contract Monitoring & Performance Improvement Admin. Child Placement Agency Monitoring Division 955 L'Enfant Plaza, SW, Room 1008 Washington, DC 20024			
8. Name and Address of Contractor (No. street, city, county, state and zip code)				9A. Amendment of HCA No. CFSA-10-H-0016			
				9B. Dated (See Item 11) April 21, 2010			
				10A. Modification of Contract/Order No.			
Code	DUNS:	TIN	FEIN:	10B. Dated (See Item 13)			
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS							
<input checked="" type="checkbox"/> The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended <input checked="" type="checkbox"/> is not extended. Offeror's/Bidder's /Provider's must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning <u>2</u> copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) BY separate letter or fax which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such may be made by letter or fax, provided each letter or telegram makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.							
12. Accounting and Appropriation Data (If Required) <i>To be cited on individual orders issued on behalf of participating agencies</i>							
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14							
A. This change order is issued pursuant to (Specify Authority): The changes set forth in Item 14 are made in the contract/order no. in item 10A.							
B. The above numbered contract/order is modified to reflect the administrative changes (such as changes in paying office, appropriation data etc.) set forth in item 14, pursuant to the authority of							
C. This supplemental agreement is entered into pursuant to authority of:							
D. Other (Specify type of modification and authority)							
E. IMPORTANT: Contractor <input type="checkbox"/> is not <input checked="" type="checkbox"/> is required to sign this document and return 2 copies to the issuing office.							
14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible)							
<p>1. Listed below are the responses to questions that were submitted to the Contracts and Procurement Administration in writing as Request for Information, RFI Q024 through Q048.</p> <p>Q024</p> <p>Question: Page 6 - Section B.8.2. - Where is this section?</p> <p>Response: See revised Section B attached to this Amendment.</p>							
Except as provided herein, all terms and conditions of the document is referenced in Item 9A or 10A remain unchanged and in full force and effect.							
15A. Name and Title of Signer (Type or print)				16A. Name of Contracting Officer			
				Tara Sigamoni			
15B. Name of Contractor		15C. Date Signed		16B. District of Columbia		16C. Date Signed	
(Signature of person authorized to sign)				 (Signature of Contracting Officer)		5/27/2010	

(Continuation)

HCA Number	Amendment/Modification No	Effective Date	Page of Pages
CFSA-10-H-0016	A005	See Block 16C.	2 of 6

14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Q025

Question: Page 23 - C.6.2.1 - What is the process for a rotating basis for assigning case management responsibility?

Response: The process will consist of an equally distributed case assignment rotation managed by CFSA's Placement Services Administration.

Q026

Question: Page 24 - C.6.3.4. - What is a family business plan? Is there another name for this plan?

Response: Page 24, Section C.6.3.4, 2nd line delete family business plan substitute treatment plan

Q027

Question: Page 59 - G.10.5, G.10.6, G.10.7 - Do these sections apply to family care or just congregate care?

Response: See Amendment No. A002 dated 5/18/10, Item No. 3 deleting, subsections G.10.5, G.10.6 and G.10.7, in its entirety.

Q028

Question: Page 67 - H.9.4.2.5 - "...investigation into those criteria listed in above in Section H.9.4.2.5" Did you mean Section H.9.4.2.4?

Response: Page 67, H.9.4.2.5, 3rd line delete Section H.9.4.2.5 substitute Section H.9.4.2.4.

Q029

Question: Page 70 - How does Section C.6.2.3 pertain to H.11.1.3.2?

Response: Page 70, Section H.11.1.3.2, 4th line delete the reference to (Section C.6.2.3).

Q030

Question: Page 71 - H.11.1.3.6.C - Is this statement written correctly?

Response: Page 71, Section H.11.1.3.6.C delete in its entirety substitute the following:

H.11.1.3.6.C Plan – develop a written plan on meeting the requirements of Section H.11 to include training and CFSA's role.

(Continuation)

HCA Number	Amendment/Modification No	Effective Date	Page of Pages
CFSA-10-H-0016	A005	See Block 16C.	3 of 6

14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Q031

Question: Page 76 - H.14.11 - Does this requirement include renewal checks as well as first time checks?

Response: Yes.

Q032

Question: Page 76 - H.14.18 - Please clarify. Does an agency have to wait for a hiring determination to be made by the COTR before a potential employee can be hired? This process would become an even longer one as FBI/police clearances take a long time; then submission to the COTR; to contracting officer; to contractor, and then to the potential employee for notification.

Response: Yes. This is a requirement of the Child and Youth, Safety and Health Omnibus Amendment Act of 2004, effective April 13, 2005 (D.C. Law 15-353; D.C. Official Code § 4-1501.01 et seq.), as amended.

Q033

Question: Page 33 - C.7.1.4.10 - Does this requirement have to be a physician or does a hospital suffice?

Response: The Provider should have an arrangement with a physician (child's pediatrician is appropriate) for matters that do not require a hospital visit, but may be urgent in nature.

Q034

Question: Page 46 - C.10.4.3 - Does this requirement include school bus drivers?

Response: No, if the school bus driver is formally hired by the child's school, and is part of routine school transportation, then the signature and identity requirements in this Section do not need to be documented by the Provider.

Q035

Question: Can we pay the foster parents more than the standard rate for difficulty of care, allowance, recreational activities, incentives for meeting and exceeding expectations, etc?

Response: If a Provider chooses to pay a foster parent more than the standard rate assigned for that type of care, the Provider must pay the differential portion from sources other than the CFSA per diem rate.

Q036

Question: Is each office considered a different facility if both offices are offering the same services?

Response: Business facility and foster home compliance requirements pertain to each and every office/facility.

(Continuation)

HCA Number	Amendment/Modification No	Effective Date	Page of Pages
CFSA-10-H-0016	A005	See Block 16C.	4 of 6

14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Q037

Question: Can we get the budget forms in Excel so that they can be filled in electronically?

Response: The Budget Form in Excel will be sent by email.

Q038

Question: Is there a specific contractual agreement that they want us to use or is our standard business contract ok?

Response: Assuming this question pertains to the subcontracting requirements, a standard business contracts will suffice.

Q039

Question: Will an "intent to look for space" letter from our realtor suffice for an office that we will need if we get the contract but don't have yet?

Response: The Provider ideally has a location identified, or is certain that a location could be established within 30 days of HCA award. NOTE: A HCA is not a contract.

Q040

Question: What is a job announcement? Is it the actual job ad or will the job description be ok?

Response: CFSA needs evidence that the Provider is actively recruiting, such as a job posting in a newspaper or on-line recruitment agency, or a business arrangement with a recruiting firm. A job description will not suffice.

Q041

Question: If we are doing traditional and therapeutic out of home care, do we need both a consulting psychiatrist and on call physician or can we hire only a consulting psychiatrist? The RFQ has conflicting requirements.

Response: The consulting Physician is for medical matters more typically provided by a medical Doctor (Pediatrician), and the Psychiatrist would attend to mental health matters more typically provided by a mental health professional.

Q042

Question: If we propose a capacity, how soon do we have to meet that capacity? For example, if we propose serving 100 traditional children, and we currently have 80 traditional children in our care, how soon would we have to admit 20 children in to our program?

Response: The Provider must be able to provide the capacity within 30 days of contract award, or the task order would be reduced to that which can actually be fulfilled.

(Continuation)

HCA Number	Amendment/Modification No	Effective Date	Page of Pages
CFSA-10-H-0016	A005	See Block 16C.	5 of 6

14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Q043

Question: For national organizations, can we utilize the Board of Directors to satisfy the requirement outlined in section H.11.1.1.5 that is located at headquarters in another state which has members representative of the DC community and provides governance of the DC Program?

Response: Yes, this is acceptable.

Q044

Question: Attachment J.1.2 lists foster care rates for Regular, Special, Handicapped, and Multi-handicapped. It does not show a rate for "Therapeutic." What is the "Therapeutic Rate," and where can I find it?

Response: Delete Attachment J.1.2, substitute to the Revised Attachment J.1.2, attached to this Amendment

Q045

Question: Does CFSA have an allowance schedule for foster children? Something that delineates the amount of allowance children should receive monthly?

Response: CFSA does not have an allowance schedule for foster children at the present. Providers may choose to develop their own policy based on best practice, and focused on fostering utilization of an allowance system that is part of a behavior-based, incentive model that will support development of positive behaviors in children and youth.

Q046

Question: Page 29 - C.6.13.4 - just for clarity is this section stating that after a youth achieves permanency and EXITS the system (their case is closed in court) we still have to monitor that youth for the next 6 months?

Response: Section C.6.13.4 describes a post-permanency period for achievement of any permanency Goal, and this period may occur after the court closes the case. The length of time may vary depending upon the circumstances of the case. For example, if a child had been in protective supervision with the family for a period of time and the case is closed in court, a Case Managing Social Worker's (CMSW) Structured Decision Making (SDM) case closure assessment may determine when its safe case closure occurs irrespective of when the case has been closed in court. Sometimes cases may be kept open after court closure in order to submit a service referral, or follow up on a service referral.

(Continuation)

HCA Number	Amendment/Modification No	Effective Date	Page of Pages
CFSA-10-H-0016	A005	See Block 16C.	6 of 6

14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Q047

Question: Page 48 Management Information System Requirements – Are these minimum requirements or can systems have Explorer 8 and Windows 2007/Office 2007? If those are exact requirements, does this mean CFSA is not planning to transition to Windows 2007 or any other explorer as Microsoft transitions computers to Windows 2007? XP is being phased out, as is Office 2003. Concerned there may be compatibility/access issues with FACES.

Response: CFSA is in the process of testing the FACES.NET compatibility with Explorer8 and will upgrade to this version of internet explorer in the near future. At this time Windows07/ Office 07 are not part of the District's standard image for its computer system. This does not mean that FACES.NET is not compatible with these versions of the Windows operating System and Microsoft Office. However, CFSA cannot vouch for the compatibility as it hasn't been tested.

Q048

Question: Page 4 of the CQR – Is #4 (5 References) for individuals only or also for organizations? I was confused by the last line that asks "are you a US Citizen" which made me wonder if this section was only applicable to individuals.

Response: Page 4 of the COR, #4, References: The question with regard to citizenship applies only to Individual and not organizations. However, both individuals and organizations must submit the minimum number of references requested.

2. Page 48R, delete Section C.10.7.4 in its entirety substitute the following:

C.10.7.4 The Provider Listed shall document on a monthly basis all case and progress notes on case management, treatment and service delivery that fully outline the care provided to children and youth. This documentation must be made available to CFSA on a monthly basis, or as needed, to support potential (monthly) Targeted Case Management claims. The Provider shall include summary notes on dates of service, the service providers and their credentials, the nature and extent of the services, duration of the service units of service, and locations of service. The Provider's documentation shall include, at a minimum, the following information each time a service is rendered:

3. Section B, delete pages 6R through 11R substitute 6RR through 11RR, attached to this Amendment.
4. Revised Price Schedule Pages 8R through 10R of the CQR, attached to this Amendment.
5. Delete Pages 3 through 5, Section B.4 from the HCA.

**REVISED SECTION B
PAGES 6RR THROUGH 11RR**

B.5 PER DIEM

B.5.1 The District shall pay the Provider for the actual number of children placed with the Provider over the course of a month, based on the Per Diem rate set forth in Section B.4 of this HCA. The per diem rate will be paid per child, per day and invoiced to the District on a monthly basis, per the instructions outlined in Section G of the HCA. The Provider need only provide the services outlined in Section C of the HCA to be paid the per diem rate. The per diem rate is a pre-negotiated rate between the Provider and the District government.

B.5.2 Example: The District will utilize the following formula each month to determine how much it will pay the Provider for the Per Diem Services: $(C \times D \times E) = F$, where "C" represents the number of children provided foster care placement services by the Provider's program during that month; D represents the aggregate number of days all children had been provided case management and foster care services by the Provider's program that month; E represents the per diem rate paid to the Provider for these services, and "F" represents the total payment paid to the Provider for that month. Children may be placed in the program for distinctive numbers of days during the monthly billing cycle, thus the number of days represented by "D" may not coincide with a Provider's capacity. By example, 35 children are placed in the Provider's program over the course of a month; and those 35 children had the following number of days of services provided to them: 1 child x 25 days; 2 children x 28 days; 2 children x 30 days; and 30 children x 31 days – for an aggregate number of 1051 days of services provided to CFSA for case management and foster care services; and the Per Diem rate is \$100. This total number of 1051 days of service is multiplied by the Per Diem rate for a total payment to the Provider for that month of \$105,100.

B.5.3 The Provider may include in the per diem, the costs of direct care services to the child and their related costs. These direct care costs include the wages and salaries of the personnel detailed in the Staffing Array outlined in Section H.9.4.1; fees for approved consultants/experts providing direct care services to the child; and the related support costs for these staff. Additional personnel and their related support costs may be included, subject to the review, negotiation and approval of CFSA.

Schedule 1 Wages/Salaries
Schedule 3 Consultants/Experts

B.5.4 Additionally, the per diem may include the portion of the Budget Schedules 2 and 4 through 11 costs related to the qualifying personnel identified in Schedules 1 and 3. All Schedule 8 Client Costs must be included in the per diem, inasmuch as these are child-specific, direct service costs.

- Schedule 2 Fringe Benefits
- Schedule 4 Occupancy
- Schedule 5 Travel/Transportation
- Schedule 6 Supplies and Minor Equipment

- Schedule 7 Capital Equipment/Outlays
- Schedule 8 Client Costs
- Schedule 9 Communication
- Schedule 10 Other Direct Costs
- Schedule 11 Indirect Cost/Overhead

B.6 COST CEILING

- B.6.1 CLIN's 0001 thru 0005, 1001 thru 1005 and 2001 thru 2005, Section B of the HCA set forth for the ceiling amount for the combined services element of the HCA ("ceiling").
- B.6.2 The amount for performing this cost element of the HCA shall not exceed the ceilings specified in CLIN's 0001 thru 2005.
- B.6.3 The Provider shall notify the Contracting Officer's Technical Representative (COTR), in writing, whenever it has reason to believe that the total amount for the performance of this HCA will be either greater or substantially less than the ceilings.
- B.6.4 As part of the notification, the Provider shall provide the COTR a revised estimate for the ceilings for performing the HCA.
- B.6.5 The District is not obligated to pay the Provider for amounts incurred in excess of the ceilings specified in the HCA and the Provider is not obligated to continue performance under this HCA (including actions under the Termination clauses of this HCA) or otherwise incur amounts in excess of the ceilings specified in the HCA, until the Contracting Officer notifies the Provider, in writing, that the ceilings have been increased and provides revised ceilings for performing this HCA.
- B.6.6 No notice, communication, or representation in any form from any person other than the contracting officer shall change the ceilings. In the absence of the specified notice, the District is not obligated to pay the contractor for any amounts in excess of the ceilings, whether such amounts were incurred during the course of the HCA performance or as a result of termination.
- B.6.7 If the Contracting Officer increases the ceilings, any amount the contractor incurs before the increase that is in excess of the previous ceilings shall be allowable to the same extent as if incurred afterward, unless the contracting officer issues a termination or other notice directing that the increase is solely to cover termination or other specified expenses.
- B.6.8 A change order shall not be considered an authorization to exceed the applicable ceilings, unless the change order specifically increases the ceilings.

- B.6.9 At any time or times before final payment and three (3) years thereafter, the contracting officer may have the Provider's invoices or vouchers and statements audited. Any payment may be reduced by amounts found by the contracting officer (1) not to constitute allowable payment as adjusted for prior overpayments or underpayments, or (2) not to constitute allowable, allocable, or reasonable costs. This section is subject to the Disputes provision of the HCA.

B.7 COMBINED SERVICES LINE ITEM

As per Section C, the Scope of Services, the Provider shall be responsible for the provision of case management and family based foster care services, as well as pay for necessary goods and services for children, biological, foster and pre-adoptive families. The Combined Services Item is a specified dollar amount set aside to compensate the Provider for those costs that are not included in the daily rate (per diem) paid by CFSA. In addition to the per diem, the Provider may receive a variable amount on a monthly basis during the period of performance based on the Provider's performance on a standardized set of performance indicators. The Provider will only be compensated up to the maximum amount of the Combined Services Line Item based on the finalized scorecard.

B.8 COST COMPONENTS OF THE COMBINED SERVICES ITEM

The Provider may utilize compensation via the Combined Services Item to cover the costs incurred in full or part of any item in Budget Schedules 1 through 7; and Schedules 9 through 11, which cannot be included in the per diem. The Provider may include costs in the Combined Services Item that are determined to be not directly related to the provision of direct care services to the child. Additionally, the Provider may include in the Combined Services Item the estimated cost of any other services for which a specific price/rate cannot be readily determined; or any estimated, unforeseen costs.

B.9 PERFORMANCE INDICATORS: PROVIDER SCORECARD

- B.9.1 The Provider will be compensated a portion of its allocated Combined Services Item contingent upon attainment of a set of benchmarks or performance indicators outlined below, and illustrated in the Provider Scorecard in Section B.12. The performance indicators relate to practice benchmarks found in federal child welfare standards and the LaShawn A. v. Fenty Amended Implementation Plan (AIP).
- B.9.2 The following outlines the performance indicators comprising the Provider Scorecard. There are seven (7) indicators measured on a monthly basis, and two (2) additional indicators measured on a quarterly basis. The percentage indicated for each is the minimum target benchmark to be achieved.

Monthly Indicators

- B.9.2.1 Percentage of children remaining at home who had at least twice monthly visits with a social worker (with at least one visit in the home) (50%)
- B.9.2.2 Percentage of children in foster care who had at least twice monthly visits with a social worker (with at least one visit in the home) (80%)
- B.9.2.3 Percentage of children who had at least twice monthly visits with some or all of their siblings (75%)
- B.9.2.4 Percentage of children with goal of reunification that had weekly visit with their parents (85%)
- B.9.2.5 Percentage of children who had weekly visits with social workers during their first four (4) weeks of placement (90%)
- B.9.2.6 Percentage of foster children who had a pre-placement health screening (90%)
- B.9.2.7 Percentage of foster children who had two or fewer placements post case assignment (80%)

Quarterly Indicators

The following performance indicators are more longitudinal in scope, and will be calculated on a quarterly basis. These indicators will be added to the seven (7) monthly indicators, bringing the total number of indicators on a quarterly basis to nine (9).

- B.9.2.8 Percentage of children with no re-entries within 12 months of a prior foster care episode (96%)

For this indicator 8, the objective is less than 15% annually, with a 4% quarterly benchmark. Ideally, Providers will have 0% of children re-enter foster care within 12 months of exit.

- B.9.2.9 Percentage of children achieving permanency within the past 12 months (15%)

For this indicator 9, the objective is 60% annually, with a 15% quarterly benchmark.

B.10 METHODOLOGY OF COMPENSATION

CFSA will run a monthly management report in the FACES information system that summarizes the Provider's statistical performance on each of the incentivized indicators: seven (7) monthly performance indicators, and an additional two (2) quarterly indicators (for a total of 9 in the third month of each quarter). CFSA will then calculate the total number of

applicable cases or each of the indicators. The percentage of cases in compliance, of the total number of applicable cases, represents the preliminary calculated average performance (CAP) (prior to any applied incentives or disincentives). The Provider's performance on each indicator will then be examined in comparison to the established benchmark for that indicator noted in the following Section B.11. The Provider's CAP on the indicators, plus or minus applicable incentives and disincentives, will determine the final (or reconciled) CAP score, and resulting percentage of the monthly Combined Services Item allocation the Provider will receive.

B.11 CALCULATED AVERAGE PERFORMANCE (CAP)

B.11.1 CFSA's computation of the "calculated average performance", or CAP, is a two-step process. The first step includes dividing the aggregate number of compliance cases by the aggregate number of applicable cases. The second step is to compute the incentives and disincentives earned by the Provider's performance on each indicator. The percentage earned by the Provider is compared with the benchmark percentage to determine by what percentage the Provider has exceeded the desired benchmark; or conversely, fallen below the benchmark. For each percentage point above or below the benchmark, the CAP will be increased and/or reduced by one-tenth of a percent to compute the final CAP.

B.11.2 The following provides an example of a CAP computation based on a sample Provider Scorecard and benchmark scores. The table includes sample monthly and quarterly performance scores, and the narrative explains how CFSA arrives at the final CAP score.

Sample Provider Scorecard

	Applicable Cases	Compliance Cases	Percent	Benchmark	One-tenth Disincentive	One-tenth Incentive	Final Score
In-Home Visitation	20	20	100.0%	50%		5	
Foster Care Visitation	20	20	100.0%	80%		2	
Siblings Visitation	20	15	75.0%	75%			
Parent-Child Visitation	20	15	75.0%	85%	-1		
First 4 Weeks Visitation	20	15	75.0%	90%	-1.5		
Health Screenings	20	15	75.0%	90%	-1.5		
Placement Stability	20	15	75.0%	80%	0.5		
Quarterly Measures							
No Re-Entries Within 12 months	20	20	100.0%	96.0%		0.4	
Achieving Permanency within the past 12 months	20	5	25.0%	15.0%		1.0	
	180	140	77.8%		-3.5	8.4	82.7

See Attachment J.1.3 for Definitions of Scorecard Measures

- In this example, the aggregate applicable cases total 180, and the aggregate compliance cases total 140.
- Dividing 140 by 180 yields 77.8% ($140 / 180 = 77.8$)
- The Provider has fallen below the benchmark on four indicators totaling (-3.5) as a disincentive mark; and has exceeded the benchmark on four indicators totaling (+8.4) as an earned incentive mark.
- Dividing 140 by 180 yields 77.8% ($140 / 180 = 77.8$)
- The Provider has fallen below the benchmark on four indicators totaling (-3.5) as a disincentive mark; and has exceeded the benchmark on four indicators totaling (+ 8.4) as an earned incentive mark.
- Applying the (-3.5) one-tenth disincentive and the (+8.4) one-tenth incentive (based on benchmark performance), the Provider achieves a (+4.9) overall incentive yielding a final score of 82.7%. [$77.8 + (-3.5) + (8.4)$] = 82.7 OR [$77.8 + (4.9)$] = 82.7
- As a result, the Provider receives 82.7% of the allocated monthly Combined Services Item for that month.

B.12 MONTHLY NOTIFICATION AND RECONCILIATION OF CALCULATED AVERAGE PERFORMANCE (CAP)

- B.12.1 CFSA will notify the Provider in writing of its monthly CAP score. The Provider will then have five (5) business days to respond in writing to the Monitoring and Performance Improvement Administration (CMPIA) with any disputes related to the score. The Provider may provide any relevant, mitigating information relevant to the dispute. "Mitigating information" includes, but is not limited to, any official documentation, such as court orders, court reports, treatment records, clinical assessments, and financial invoices.
- B.12.2 CFSA will consider the dispute, if submitted in a timely manner, and provide a response within ten (10) business days. CFSA's response will outline any changes, if applicable, to the CAP score as a result of this reconciliation. If there are no changes to the CAP score, CFSA's response will outline the rationale for its denial of the disputed score. If the Provider is still in disagreement with the final CAP score, the parties will meet within (5) five business days to reconcile the differences.
- B.12.3 Once the monthly CAP score has been finalized, the Provider invoices CFSA for this eligible portion of that month's Combined Service Item allocation.

B.13 OPEN MARKET QUALIFICATION (SUPPLIES & SERVICES)

- B.13.1 If a Provider intends to subcontract under this HCA, the Provider must subcontract at least 35% of the dollar volume of this contract in accordance with the provisions of section M.1.1. The prime Contractor (Provider) responding to this HCA shall be required to submit with its business plan, a notarized statement detailing its subcontracting plan. Business Plan responding to this qualification shall be deemed non-responsive and shall be rejected if the Provider intends to subcontract in accordance with the provisions of section M.1.1, but fails to submit a subcontracting plan with its business plan.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency

CASE MANAGEMENT AND FAMILY BASED FOSTER CARE SERVICES



1. REVISED PRICE SCHEDULE:

BASE YEAR: AGGREGATE GROUP 1 – CLIN NOS. 0001 AND 0002

CLIN NO.	Services	Per Diem Rate Per Client	Max. Days	Quantity Max	Up to Max Client Quantity
0001	Therapeutic Program cited in Section C.5.58	\$ _____	365	_____	\$ _____
	Combined Services Line Item cited in Section B.7				
0002	Traditional Program cited in Section C.5.59	\$ _____	365	_____	\$ _____
	Combined Services Line Item cited in Section B.7				

Total Aggregate Group 1: Clin Nos. 0001 and 0002 \$ _____

BASE YEAR: AGGREGATE GROUP 2 – CLIN NOS. 0003 AND 0004

0003	Teen Parent with 1 child, cited in Section C.5.57	\$ _____	365	_____	\$ _____
	Combined Services Line Item cited in Section B.7				
0004	Teen Parent with 2 children, Section cited in Section C.5.57	\$ _____	365	_____	\$ _____
	Combined Services Line Item cited in Section B.7				

Total Aggregate Group 2: Clin Nos. 0003 and 0004 \$ _____

BASE YEAR: INDIVIDUAL

0005	Specialized cited in Section C.5.54	\$ _____	365	_____	\$ _____
	Combined Services Line Item cited in Section B.7				

OPTION YEAR 1: AGGREGATE GROUP 1 – CLIN NOS. 1001 AND 1002

CLIN NO.	Services	Per Diem Rate Per Client	Max. Days	Quantity Max	Up to Max Client Quantity
1001	Therapeutic Program cited in Section C.5.58 Combined Services Line Item cited in Section B.7	\$ _____	365	_____	\$ _____
1002	Traditional Program cited in Section C.5.59 Combined Services Line Item cited in Section B.7	\$ _____	365	_____	\$ _____

Total Aggregate Group 1: Clin Nos. 1001 and 1002 \$ _____

OPTION YEAR 1: AGGREGATE GROUP 2 – CLIN NOS. 1003 AND 1004

1003	Teen Parent with 1 child, cited in Section C.5.57 Combined Services Line Item cited in Section B.7	\$ _____	365	_____	\$ _____
1004	Teen Parent with 2 children, Section cited in Section C.5.57 Combined Services Line Item cited in Section B.7	\$ _____	365	_____	\$ _____

Total Aggregate Group 2: Clin Nos. 1003 and 1004 \$ _____

OPTION YEAR 1: INDIVIDUAL

1005	Specialized cited in Section C.5.54 Combined Services Line Item cited in Section B.7	\$ _____	365	_____	\$ _____
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OPTION YEAR 2: AGGREGATE GROUP 1 – CLIN NOS. 2001 AND 2002

CLIN NO.	Services	Per Diem Rate Per Client	Max. Days	Quantity Max	Up to Max Client Quantity
2001	Therapeutic Program cited in Section C.5.58	\$ _____	365	_____	\$ _____
	Combined Services Line Item cited in Section B.7				
2002	Traditional Program cited in Section C.5.59	\$ _____	365	_____	\$ _____
	Combined Services Line Item cited in Section B.7				
Total Aggregate Group 1: Clin Nos. 2001 and 2002 \$ _____					

OPTION YEAR 2: AGGREGATE GROUP 2 – CLIN NOS. 2003 AND 2004

2003	Teen Parent with 1 child, cited in Section C.5.57	\$ _____	365	_____	\$ _____
	Combined Services Line Item cited in Section B.7				
2004	Teen Parent with 2 children, Section cited in Section C.5.57	\$ _____	365	_____	\$ _____
	Combined Services Line Item cited in Section B.7				
Total Aggregate Group 2: Clin Nos. 2003 and 2004 \$ _____					

OPTION YEAR 2: INDIVIDUAL

2005	Specialized cited in Section C.5.54	\$ _____	365	_____	\$ _____
	Combined Services Line Item cited in Section B.7				

The Provider shall enter the maximum quantity specified in Sections B.4 through B.4.3 for which the Provider is submitting a business plan.

Provider shall submit a separate cost and pricing data disclosure for each of the CLINs listed in Sections B.4 through B.4.3 for which the Provider is submitting a business plan.

Formula:

Qty max. x per diem rate x max days=max total amount

Teen parent with 1 child rate is 1.5 x the per diem

Teen parent with 2 children is 1.75 x the per diem

The Provider shall deduct the Combined Line Item (Section B.8) from the budget summary sheet so as not to be calculated as part of the daily or per diem rate.

The Provider shall submit a separate budget for each of the individual years on the HCA (i.e. on each for the base and each option year).



ATTACHMENT J.1.2

Revised Foster Care Rates Effective January 1, 2010

All Ages

The following standard daily rates shall be paid to foster parents for federally-defined levels of care for the categories of foster care established by CFSA in this solicitation.

Traditional Foster Care: \$32.41

Teen Parents Care¹: \$32.41

Therapeutic Foster Care: \$41.79

Specialized Foster Care: \$41.79

¹ CFSA pays 1.5 times the per diem for one dependent child, and 1.75 times the per diem rate for two dependent children to be used accordingly.